

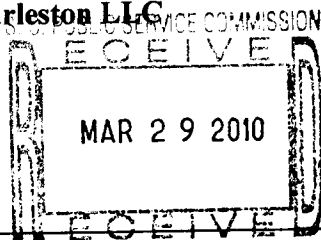
223100

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class C Charter Certificate from  
Southeast Transport of Charleston LLC



BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 125 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Southeast Transport of Charleston LLCTelephone: 843-225-1485Address: 4300 Rivers AveFax: 843-225-1484N. Charleston SCOther: 843-568-761429405Email: tilalrahim@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
MAR 30 2010  
PSC SC  
MAIL/DMS

RECEIVED  
MAR 30 2010  
PSC SC  
CLERK'S OFFICE

SES

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 3/26/2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

South East ~~East~~ Southeast Transport of Charleston LLC

4300 Rivers Ave N. Charleston SC 29405  
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-225-1485  
Phone

843-225-1484  
Fax

tilalrahim@aol.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Tilal Abdelrahim

2572 Vistivia Rd N. Charleston SC 29405

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month March Year 2010

**Assets:**

Cash	\$ 85,291.00
Receivables	\$ 42,888.00
Real Estate	\$ 0.00
Buildings and Equipment (Net)	\$ 15,159.00
Motor Vehicles (Net)	\$ 195,855.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	\$ 4,828.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>\$ 382,021.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 0.00
Notes Payable	\$ 0.00
Mortgages Payable	\$ 0.00
Equipment Obligations	\$ 43,276.00
Accrued Salaries and Wages	\$ 0.00
Other Accrued Obligations	\$ 0.00
Other Liabilities	\$ 0.00
<b>Total Liabilities</b>	<b>\$ 43,276.00</b>
Capital Stock	\$ 203,000.00
Retained Earnings	\$ 65,044.00
<b>Total Equity</b>	<b>\$ 268,044.00</b>
<b>Total Liabilities and Equity</b>	<b>\$ 311,320.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

### Maximum Proposed Rates and Charges for Service are as follows:

The rates are as follows : Base Rate - \$15.00 pick up and a rate of \$1.49 per mile thereafter.

### Counties to be Served:

Charleston, Berkeley, and Dorchester

### Maximum Number of Passengers per Vehicle:

12

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
FORD	2006 E350	1FBSS31L26DA42656	9100	12
FORD	2006 E350	1FBSS31L76HA85592	9100	12

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

South East Transport of Charleston, LLC

Name of Motor Carrier

4300 Rivers Ave. North Charleston, SC 29405

Address of Motor Carrier

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 1,505

Limits \$500,000 (Excess Policy)

The above quoted premium is for a term of 5 months.

Minimum Limits--Intrastate Only:

1-7 Passengers \$25,000/50,000/25,000

8-15 Passengers \$25,000/100,000/25,000

Discover Property & Casualty

Name of Insurance Company

5 Ballerston Park Farmington, CT 06032

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/26/10

Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

South East Transport of Charleston, LLC  
Name of Motor Carrier  
4300 Rivers Ave North Charleston SC 29405  
Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 6,495.00

Limits Quoted: (See Below)

Limits 1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$25,000/50,000/25,000
8-15 Passengers	\$25,000/100,000/25,000

Discover Property & Casualty  
Name of Insurance Company

5 Batterson Park Farmington, CT 06032  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/26/10  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

## **Exhibit FWA**

Southeast Transport of Charleston LLC  
Name of Applicant

---

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No



### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )



Applicant's Signature

I, Tilal Abdelrahim, President  
Name of Applicant's Representative Title  
of Southeast Transport of Charleston LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

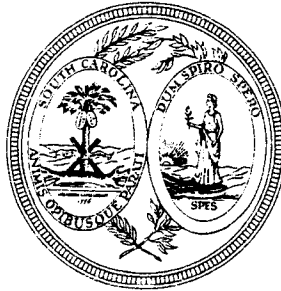
SWORN TO BEFORE ME  
This 26 day of March, 2010

Felicia Walker  
Notary Public

Commission Expires Feb. 25, 2019

**My Commission Expires 2/25/2019**  
**Felicia T. Walker**  
Notary Public - State of S.C.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SOUTH EAST TRANSPORT OF CHARLESTON, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 3rd, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
22nd day of February, 2010.

*Mark Hammond*  
Mark Hammond, Secretary of State